

## PLACE OF BIRTH

1. County of Pima  
 District of Rice  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Clara Gertrude Moeller  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth 4 23 25  
 Month Day Year

8. FATHER  
 Full name Volturn Moeller  
 9. Residence (Usual place of abode) Rice, Ariz  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 36 (Years)  
 12. Birthplace (city or place) Victoria, Texas  
 (State or country)  
 13. Occupation Section Foreman  
 Nature of industry S. P. Ry.

14. MOTHER  
 Full maiden name Hulda Hebbes  
 15. Residence (Usual place of abode) Rice, Ariz  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 35 (Years)  
 18. Birthplace (city or place) Victoria, Texas  
 (State or country)  
 19. Occupation Housekeeper  
 Nature of industry at home

20. Number of children of this mother  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P m. on the date above stated  
 (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. L. Woods, M.D.  
 (Physician or midwife)

Address Rice, Ariz

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed \_\_\_\_\_, 19 \_\_\_\_\_  
 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_  
 County Registrar.

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